

IL-28-07  
2455

United States  
Environmental Protection  
Agency  
Washington DC 20460

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies. *8/10/68*

8/0608

IL #143

US EPA ID #ILD005272992 ILS-000-001-06

General Electric Co.

General Electric  
709 W. Wall St.

Street 709 W. Wall St.

City Morrison State IL Zip Code 61270

Name of Site City dump

Street Norton Rd.

**Street**

City Morrison County Whiteside State IL Zip Code 61270

Number and First and Last	Skaff, Joseph, Environmental & Safety Eng.
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Phone 1-(815)-772-2131

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) 1959 To (Year) 1971 (estimate)

**Option 1:** Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item 1—Description of Site.

**General Type of Waste:**  
Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

**Source of Waste:**  
Place an X in the appropriate boxes.

**Option 2:** This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261)

**Specific Type of Waste:**

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

1. ☐ Organics
2. ☐ Inorganics
3. ☒ Solvents
4. ☐ Pesticides
5. ☐ Heavy metals
6. ☐ Acids
7. ☐ Bases
8. ☐ PCBs
9. ☐ Mixed Municipal Waste
10. ☐ Unknown
11. ☐ Other (Specify)

1. ☐ Mining
2. ☐ Construction
3. ☐ Textiles
4. ☐ Fertilizer
5. ☐ Paper/Printing
6. ☐ Leather Tanning
7. ☐ Iron/Steel Foundry
8. ☐ Chemical, General
9. ☐ Plating /Polishing
10. ☐ Military/Ammunition .
11. ☐ Electrical Conductors
12. ☐ Transformers
13. ☐ Utility Companies
14. ☐ Sanitary/Refuse
15. ☐ Photofinish
16. ☐ Lab/ Hospital
17. ☐ Unknown
18. ☒ Other (Specify)  
Manufacturing  
appliance  
controls

[illegible]

SPENT SOLVENTS

[illegible][illegible]

000065 JUN -88

1. Name Approved  
2. Date Issued 2/10/2014

EPA Region 5 Records Ctr.



315230

JUN 10 1987

## Notification of Hazardous Waste Site

## Side Two

F

## Waste Quantity

Place an X in the appropriate boxes to indicate the facility types found at the site

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

## Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☒ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☒ Other (Specify)

## Total Facility Waste Amount

cubic feet

gallons 25,000 (estimate)

## Total Facility Area

square feet

acres Unknown

Solvent dumped out of barrels onto ground

G

## Known, Suspected or Likely Releases to the Environment:

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☒ None

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

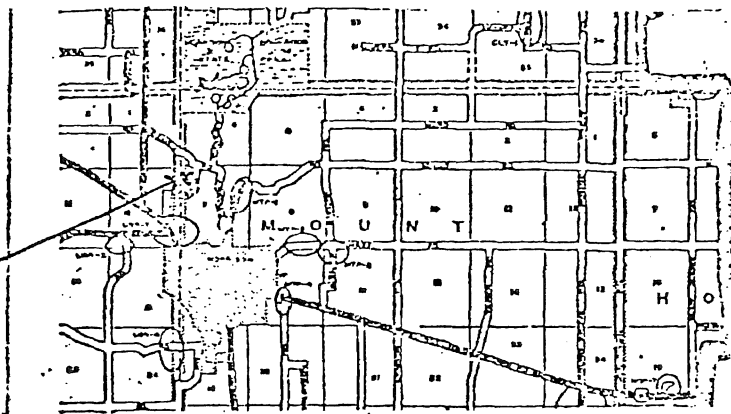
H

## Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.



Site location



I

## Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

J

## Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name K.M. Fox, Manager, Manufacturing

Street 709 W. Wall St.

City Morrison State IL Zip Code 61270

Signature K.M. Fox Date 4/1/81

- ☐ Owner, Present  
☐ Owner, Past  
☒ Transporter  
☐ Operator, Present  
☐ Operator, Past  
☐ Other